



City of Seattle
Department of Planning and Development

DPD Side Sewer Program
700 Fifth Ave, Suite 2000, PO Box 34019, Seattle, WA 98124-4019
Phone: (206) 684-5362 Fax: (206) 684-8113
Hours: M,W,F: 7:30-5:30 T,Th: 10:30-5:30
Website: www.seattle.gov/dpd/sidesewer

...PERMIT APPLICATION...

Drainage/
Side Sewer

Instructions: Complete form below and attach separate sheet/plans showing proposed work and required calculations.

Work Site Address: _____ Zip: _____

Work Activity Location: _____ Apt/Suite: _____

Occupancy: ☐ Single Family ☐ Multi-Family ☐ Commercial ☐ Institutional ☐ Industrial

Description of Work: _____

WORK SITE OWNER/TENANT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Agent Name: _____ Phone: (_____) _____ Fax: (_____) _____ Address: _____ Apt/Ste: _____ City/State: _____ Zip: _____	Name: _____ Phone: (_____) _____ Fax: (_____) _____ Address: _____ Apt/Ste: _____ City/State: _____ Zip: _____

Activity in the Right-of-Way: Curb Crossing and/or Staging: (Circle One) Yes / No Excavation: (Circle One) Yes / No Note: If in R-O-W, Contractor must be registered with the City of Seattle.	<input type="checkbox"/> Temporary Dewatering for Construction <input type="checkbox"/> Field <input type="checkbox"/> Full (if full: <input type="checkbox"/> SPU <input type="checkbox"/> King County) Permit Expiration Date (beyond 90 days): _____ Point of Connection: <input type="checkbox"/> Storm Drain <input type="checkbox"/> Sewer System Note: Drainage & Sanitary Systems must be applied for on a separate permit if temporary dewatering applies.
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DRAINAGE SYSTEM:	# of Service Drain Lines Capped: _____	<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Repair <input type="checkbox"/> New System <input type="checkbox"/> Temporary	
	# of New Connections to Main: _____	# of Other New Connections: _____	
FLOW CONTROL TYPE: <input type="checkbox"/> Bio-Engineered <input type="checkbox"/> Detention Planter <input type="checkbox"/> Infiltration Facility <input type="checkbox"/> No Control <input type="checkbox"/> Detention Pipe <input type="checkbox"/> Surface Detention <input type="checkbox"/> Detention Vault	TREATMENT TYPE: <input type="checkbox"/> High Use Treatment <input type="checkbox"/> High Use & Standard Treatment <input type="checkbox"/> No Treatment <input type="checkbox"/> Standard	DISCHARGE POINT: <input type="checkbox"/> Combined System <input type="checkbox"/> Direct to Receiving Water <input type="checkbox"/> Ditch <input type="checkbox"/> On Site <input type="checkbox"/> Sanitary System (temp) <input type="checkbox"/> Public Storm Drain System <input type="checkbox"/> Weep Hole	ADDITIONAL DRAINAGE INFORMATION: Total Development Coverage: _____ Sq ft New/Replaced Impervious Surface: _____ Sq ft

SANITARY SYSTEM:	# of Side Sewer Lines Capped: _____	<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Repair <input type="checkbox"/> New System <input type="checkbox"/> Temporary
	# of New Connections to Main: _____	# of New Connections to Side Sewer: _____
# of New/Replaced/Repair pumps: _____		

King County (Metro) Reporting Information	
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Agent	
Name: _____	
Phone #: _____	
Address: _____ Apt/Ste: _____	
City/State: _____ Zip: _____	

DPD Use Only:

Permit #: _____

Permit Fees: _____

Intake Reviewer: _____

☐ Issue side sewer permit for temp dewatering per A/P#: _____